

324 – TARGETED INVESTMENTS (TI) PROGRAM

EFFECTIVE DATE: 10/01/16

REVISION DATE: 07/20/17

I. PURPOSE

This Policy applies to Acute Care, CRS, and RBHA Contractors. Contractors will direct payments to primary care, behavioral health, and hospital providers that are participating in the Targeted Investments Program. The TI Program is AHCCCS' strategy to provide financial incentives to participating AHCCCS providers to develop systems for integrated care. Through the TI Program, Contractors shall make specific payments to certain Medicaid providers pursuant to 42 CFR 438.6(c), with such payments incorporated into actuarially sound capitation rates. These payments are intended to incentivize providers to improve performance and increase physical and behavioral health care integration and coordination for individuals with behavioral health needs.

II. DEFINITIONS

BEHAVIORAL HEALTH PROVIDER An outpatient Behavioral Health provider classified by AHCCCS as Provider Type 77 or Integrated Clinic.

ELIGIBLE TI PROVIDERS Eligible TI Providers are:

1. An AHCCCS Provider Type 02 (Hospital) or 71 (Psychiatric Hospital),
2. Outpatient Behavioral Health Clinic Type 77,
3. Integrated Clinic (IC),
4. Primary Care Organizations,
5. Provider Types 08 (M.D.) and 31 (D.O.), with Specialty Codes 050 (Family Practice), 055 (General Practice), 060 (Internal Medicine), or 150 (Pediatrician), and 19 (Registered Nurse Practitioner).
6. FQHCs (Type C2) participating in the Criminal Justice System Area of Concentration.

PRACTICE SITE A physical location in which ambulatory TI projects will be conducted. One practice site can participate in multiple areas of concentration (for example, an AHCCCS-registered Integrated Clinic can participate in a primary care and Behavioral Health area of concentration).

**PRIMARY CARE
PROVIDER**

A Provider Type 8 (M.D.), 19 (Registered Nurse Practitioner), or 31(D.O.) clinician who delivers primary care as part of a practice team that has AHCCCS attributed members and assumes full responsibility for meeting all of the primary care needs of a group of patients seen at the practice.

III. POLICY**A. PROGRAM DESCRIPTION**

The TI Program aims to:

1. Reduce fragmentation that occurs between physical and behavioral health care in care management and care transitions,
2. Increase efficiencies in service delivery for members with behavioral health needs, and
3. Improve health outcomes for the targeted populations.

B. TARGETED INVESTMENTS PROJECTS

The TI Program requires participating providers to complete specific projects in order to receive incentive payments. The projects include:

1. Ambulatory Project
 - a. Primary Care Providers serving adults and/or children with Behavioral Health (BH) needs,
 - b. Behavioral Health providers serving adults and/or children with BH needs,
 - c. Integrated Clinics serving adults and/or children with BH needs (Participating through the Primary Care Application, Behavioral Health Application, or both), and
 - d. Primary Care and/or BH providers serving adults who are reentering the community following incarceration.
2. Hospital Project
 - a. Adults discharged from hospitals and psychiatric hospitals with a principal behavioral health diagnosis and/or designated by AHCCCS as an individual with Serious Mental Illness (SMI).

C. TARGETED INVESTMENTS PAYMENTS

1. AHCCCS Responsibility
 - a. AHCCCS shall compute adjustments to the actuarially-sound capitation rates on an annual basis for each of the five TI years which correspond to Contract Years Ending (CYE) 2017 through 2021. These capitation adjustments will occur after the completion of each contract year,

- b. The capitation adjustment shall be in the form of a single, lump-sum payment to each Contractor which includes the total funding needed to make TI payments to providers,
 - c. AHCCCS shall set a minimum payment threshold for a particular provider by Contractor. When the minimum threshold per provider by Contractor is met, funding will be included in the capitation adjustment,
 - d. Administrative funding will be added to each annual lump-sum payment as follows:
 - i. Acute Care and CRS Contractors, Years one through five: \$10,000
 - ii. RBHAs:
 - a. Year one: \$25,000,
 - b. Year two: \$15,000,
 - c. Years three through five: \$10,000
 - e. Other adjustments to capitation rates associated with these lump-sum payments are as follows:
 - i. Premium Tax: funding included,
 - ii. Health Insurance Provider Fee: funding included for the Fee and associated taxes at a later date as specified in ACOM Policy 320,
 - iii. Risk Contingency is not included in the capitation adjustment.
2. Contractor Responsibility
- a. The Contractor shall make TI payments at least on an annual basis to participating providers in the amounts by payee as prescribed by AHCCCS. Provider payments will be based on requirements that vary over the five years of the TI Program, which runs from October 1, 2016 through September 30, 2021,
 - b. Each provider payment shall be accompanied by a clear written explanation that the payment is for the TI Program. The Contractor may determine the method used to communicate this written explanation,
 - c. The Contractor shall make TI payments to providers within 30 days of receipt of payment detail from AHCCCS, and
 - d. The Contractor shall notify AHCCCS, DHCM Financial Consultant, when payments are completed, including the amount of each payment by provider.

IV. OTHER GENERAL INFORMATION

Comprehensive guidelines regarding the AHCCCS Targeted Investments Program are available at: www.azahcccs.gov/PlansProviders/TargetedInvestments/.